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September 15, 2008 DHS HCO 08-9814

Mr. Jerry D. Stanger, Chief
Department of Health Care Services
Fiscal Intermediary & Contracts Oversight Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN, Medical and Dental - Effective 9/1/08

EXEMPTIONS SUMMARY, Medical and Dental - Effective 9/1/08

Reference: CA HCO Contract #01-15932 Section 3.10.5.2.3 (7)
DHS-HCO 02-1633
H #0802-0650

Dear Mr. Stanger:

The purpose of this letter is to provide California Department of Health Services with the reports listed below.

- ❑ MSC-B-M27 – Approved Emergency Disenrollments by Reason and Plan – Medical
- ❑ MSC-B-M27D – Approved Emergency Disenrollments by Reason and Plan – Dental
- ❑ MSC-B-M29 – Medical Exemptions Summary
- ❑ MSC-B-M29D – Dental Exemptions Summary

If you have any questions regarding this report, please contact Eric Stewart at (916) 669-3573.

Sincerely,

Signature on Original Copy

Benjamin R. Coss
Project Director
California Health Care Options

cc: Reports File
Admin File – ID #1235

Data Provision Disclaimer

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MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN

ALL ACCEPTED MEDICAL EDERS

From 7/25/2008 - 8/25/2008

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
ALAMEDA	Alameda Alliance For Health	0	2	0	0	5	8	0	0	5	0	1	50	4	39	0	0	0	0	0	0	0	0	0	0	1	115
	Blue Cross of CA Partnrshp	0	1	0	0	1	5	0	0	1	0	0	1	1	4	0	0	0	0	0	0	0	0	0	0	1	15
	COUNTY TOTAL	**0**	**3**	**0**	**0**	**6**	**13**	**0**	**0**	**6**	**0**	**1**	**51**	**5**	**43**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**130**
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	0	5
	Contra Costa Health Plan	0	2	0	0	0	0	0	0	0	0	0	28	2	4	0	0	0	0	0	0	0	0	0	0	0	36
	COUNTY TOTAL	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**32**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**41**
FRESNO	Blue Cross of CA Partnrshp	0	1	0	0	0	33	0	0	2	0	1	20	0	3	0	0	0	0	0	0	0	0	0	0	0	60
	Health Net Comm Solutions	0	1	0	0	0	18	1	0	0	0	0	29	0	39	0	0	0	0	0	0	0	0	0	0	0	88
	COUNTY TOTAL	**0**	**2**	**0**	**0**	**0**	**51**	**1**	**0**	**2**	**0**	**1**	**49**	**0**	**42**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**148**
KERN	Health Net Comm Solutions	0	1	0	0	0	2	0	0	0	0	1	51	1	43	0	0	0	0	0	0	0	0	0	0	1	100
	Kern Family Health Care	1	0	0	0	0	15	7	0	0	0	0	69	0	3	0	0	0	0	0	0	0	0	0	0	0	95
	COUNTY TOTAL	**1**	**1**	**0**	**0**	**0**	**17**	**7**	**0**	**0**	**0**	**1**	**120**	**1**	**46**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**195**
LOS ANGELES	Health Net Comm Solutions	1	9	0	0	0	171	1	0	10	0	1	230	69	188	0	0	0	0	0	0	0	1	0	0	6	687
	L.A. Care Health Plan	0	14	1	0	0	331	0	0	11	0	5	249	82	42	0	0	0	0	0	0	0	0	0	0	22	757
	COUNTY TOTAL	**1**	**23**	**1**	**0**	**0**	**502**	**1**	**0**	**21**	**0**	**6**	**479**	**151**	**230**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**28**	**1,444**
RIVERSIDE	Inland Empire Health Plan	3	1	0	0	0	13	0	0	5	0	2	99	2	3	0	0	0	0	0	0	0	0	0	0	1	129
	Molina Healthcare Partner	0	1	0	0	0	12	1	0	0	0	1	36	1	5	0	0	0	0	0	0	0	0	0	0	1	58
	COUNTY TOTAL	**3**	**2**	**0**	**0**	**0**	**25**	**1**	**0**	**5**	**0**	**3**	**135**	**3**	**8**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**187**
SACRAMENTO	Blue Cross of CA Partnrshp	0	3	0	0	0	72	0	0	1	0	1	28	3	1	0	0	0	0	0	0	0	0	0	0	0	109
	Health Net Comm Solutions	0	2	0	0	0	13	0	0	0	0	1	33	4	16	0	0	0	0	0	0	0	0	0	0	1	70
	KP Cal, LLC	0	0	0	0	0	3	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	7
	Molina Healthcare Partner	0	4	0	0	0	10	0	0	0	0	4	14	0	3	0	0	0	0	0	0	0	0	0	0	0	35
	WHA Community Health Plan	0	0	0	0	0	13	0	0	3	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	20
	COUNTY TOTAL	**0**	**9**	**0**	**0**	**0**	**111**	**0**	**0**	**4**	**0**	**6**	**81**	**9**	**20**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**241**
SAN BERNARDINO	Inland Empire Health Plan	1	3	0	0	1	26	0	0	3	1	1	99	8	6	0	0	0	0	0	0	0	0	0	0	1	150
	Molina Healthcare Partner	0	0	0	0	4	14	0	0	0	0	0	52	8	5	0	0	0	0	0	0	0	0	0	0	2	85
	COUNTY TOTAL	**1**	**3**	**0**	**0**	**5**	**40**	**0**	**0**	**3**	**1**	**1**	**151**	**16**	**11**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**235**
SAN DIEGO	Care1st Partner Plan, LLC	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
	Community Hlth Grp Partner	0	4	0	0	0	30	3	0	4	0	2	15	0	4	0	0	0	0	0	0	0	0	0	0	2	64
	Health Net Comm Solutions	0	1	0	0	0	18	1	0	0	0	2	43	5	23	0	0	0	0	0	0	0	0	0	0	1	94
	KP Cal, LLC	0	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	Molina Healthcare Partner	0	2	1	2	0	20	1	0	3	0	0	12	0	5	0	0	0	0	0	0	0	0	0	0	0	46
	COUNTY TOTAL	**0**	**7**	**1**	**2**	**0**	**72**	**5**	**0**	**7**	**0**	**4**	**73**	**5**	**32**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**212**
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	2	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	6
	San Francisco Health Plan	0	0	0	0	0	0	0	0	2	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	14
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**2**	**0**	**0**	**16**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20**
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	4	0	0	0	1	0	0	3	0	6	0	0	0	0	0	0	0	0	0	0	0	14
	Health Plan of San Joaquin	0	0	0	0	21	2	0	0	1	0	1	26	0	12	0	0	0	0	0	0	0	0	0	0	0	63
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**25**	**2**	**0**	**0**	**2**	**0**	**1**	**29**	**0**	**18**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**77**
SANTA CLARA	Blue Cross of CA Partnrshp	0	1	0	0	0	9	1	0	0	0	0	3	2	1	0	0	0	0	0	0	0	0	0	0	0	17
	Santa Clara Family H.P.	0	2	0	0	0	15	0	0	4	0	0	81	0	8	0	0	0	0	0	0	0	0	0	0	0	110
	COUNTY TOTAL	**0**	**3**	**0**	**0**	**0**	**24**	**1**	**0**	**4**	**0**	**0**	**84**	**2**	**9**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**127**
STANISLAUS	Blue Cross of CA Partnrshp	0	3	0	0	0	8	0	0	0	0	1	7	0	2	0	0	0	0	0	0	0	0	0	0	0	21
	Health Net Comm Solutions	0	1	0	0	0	0	1	0	0	0	0	18	0	18	0	0	0	0	0	0	0	0	0	0	0	38
	COUNTY TOTAL	**0**	**4**	**0**	**0**	**0**	**8**	**1**	**0**	**0**	**0**	**1**	**25**	**0**	**20**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**59**
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	7	0	0	1	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	0	13
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	1	0	0	23	0	12	0	0	0	0	0	0	0	0	0	0	0	36
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**7**	**0**	**0**	**2**	**0**	**0**	**27**	**0**	**13**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**49**
2 PLAN & GMC COUNTY TOTAL		**6**	**59**	**2**	**2**	**36**	**874**	**17**	**0**	**58**	**1**	**25**	**1,352**	**195**	**496**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**41**	**3,165**

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN

MAXIMUS

ALL ACCEPTED MEDICAL EDERS

From 7/25/2008 - 8/25/2008

VOLUNTARY COUNTIES

COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
MARIN	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTY TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		**6**	**59**	**2**	**2**	**36**	**874**	**17**	**0**	**58**	**1**	**25**	**1,352**	**195**	**496**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**41**	**3,165**

REASON CODE

E01 = Incarcerated
E02 = Prior Care
E03 = Enrolled Incorrectly Into a Plan
E04 = Deceased
E05 = Child Protective Services
E06 = Foster Care/Adoption
E07 = Problem Using HCP
E08 = Terminated By Plan
E09 = Long Term Care
E10 = CCS Not in a PCCM Contract
E11 = Other Health Coverage
E12 = Moved Out of County
E13 = Pregnancy
I01 = System Created
F01 = Could Not Choose Dr
F02 = HP Did Not Meet Needs/Bene Pref.
F03 = Dr Did Not Meet Bene Needs
F04 = Too Far To Go
F05 = Did Not Choose Plan
F06 = Moving Out of County
F09 = Other Reason
F10 = No Reason Checked
X01 = Waiver Program Exempt
X03 = Indian Health Coverage
X04 = Medical Exempt

MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN

MAXIMUS

ALL ACCEPTED MEDICAL EDERS

From 7/25/2008 - 8/25/2008

GMC MANDATORY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
SACRAMENTO	Access Dental Plan	0	0	0	0	0	8	0	0	1	0	0	12	6	0	0	0	0	0	0	0	0	0	0	0	27
	Community Dental Svc, Inc.	0	1	0	0	0	0	0	0	0	0	0	25	4	0	0	0	0	0	0	0	0	0	0	0	30
	HealthNet of California	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Liberty Dental Plan of CA	0	2	0	0	0	1	0	0	0	0	0	17	3	0	0	0	0	0	0	0	0	0	0	0	23
	Western Dental Services	0	1	0	0	0	5	0	0	0	0	0	33	6	0	0	0	0	0	0	0	0	0	1	0	46
	COUNTY TOTAL	0	4	0	0	0	14	0	0	1	0	0	88	19	0	0	0	0	0	0	0	0	0	1	0	127
GMC MANDATORY COUNTIES TOTAL		0	4	0	0	0	14	0	0	1	0	0	88	19	0	0	0	0	0	0	0	0	0	1	0	127

VOLUNTARY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
LOS ANGELES	Access Dental Plan	0	7	0	0	0	28	0	0	1	0	0	35	7	0	0	1	0	0	0	0	0	0	0	0	79
	American Health Guard	0	3	0	0	0	13	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	29
	Care 1st Health Plan	0	0	0	0	0	9	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	20
	Community Dental Svc, Inc.	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3
	Health Net	0	1	0	0	0	7	0	0	0	0	0	16	9	0	0	0	0	0	0	0	0	0	0	0	33
	Liberty Dental Plan of CA	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	4
	SafeGuard Dental, Inc.	0	0	0	0	0	10	0	0	0	0	0	13	8	0	0	0	0	0	0	0	0	0	0	0	31
	Western Dental Services	0	2	0	0	0	17	0	0	1	0	0	29	9	0	1	0	0	0	0	0	0	0	0	0	59
	COUNTY TOTAL	0	13	0	0	0	87	0	0	2	0	0	121	33	0	1	1	0	0	0	0	0	0	0	0	258
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	United Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTIES TOTAL		0	13	0	0	0	87	0	0	2	0	0	121	33	0	1	1	0	0	0	0	0	0	0	0	258
GRAND TOTAL		0	17	0	0	0	101	0	0	3	0	0	209	52	0	1	1	0	0	0	0	0	0	1	0	385

REASON CODE

E01 = Incarcerated
E02 = Prior Care
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E04 = Deceased
E05 = Child Protective Services
E06 = Foster Care/Adoption
E07 = Problem Using HCP
E08 = Terminated By Plan
E09 = Long Term Care
E10 = CCS Not in a PCCM Contract
E11 = Other Health Coverage
E12 = Moved Out of County
I01 = System Created
F01 = Could Not Choose Dr
F02 = HP Did Not Meet Needs/Bene Pref.
F03 = Dr Did Not Meet Bene Needs
F04 = Too Far To Go
F05 = Did Not Choose Plan
F06 = Moving Out of County
F09 = Other Reason
F10 = No Reason Checked
X01 = Waiver Program Exempt
X02 = Dental Exempt
X03 = Indian Health Coverage

Data Provision Disclaimer

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MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

7/25/2008 - 8/25/2008

EFFECTIVE 9/1/2008

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													
		A	B	C	D	E	F	G	M	P	U	V	W	Y	TOTAL
ALAMEDA	Alameda Alliance For Health	0	0	0	0	0	0	0	1	2	0	0	0	0	3
	Blue Cross of CA Partnrshp	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	1	0	1	2	0	0	0	0	4
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FRESNO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KERN	Health Net Comm Solutions	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	Kern Family Health Care	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	2
LOS ANGELES	Health Net Comm Solutions	0	0	5	4	2	0	1	1	24	0	0	0	0	37
	L.A. Care Health Plan	3	1	5	16	5	1	0	6	35	0	0	0	0	72
	COUNTY TOTAL	3	1	10	20	7	1	1	7	59	0	0	0	0	109
RIVERSIDE	Inland Empire Health Plan	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Molina Healthcare Partner	0	0	0	0	0	0	0	1	2	0	0	0	0	3
	COUNTY TOTAL	0	0	0	0	1	0	0	1	2	0	0	0	0	4
SACRAMENTO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Health Net Comm Solutions	0	0	1	0	0	0	0	0	4	0	0	0	0	5
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WHA Community Health Plan	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	1	0	0	0	0	0	6	0	0	0	0	7
SAN BERNARDINO	Inland Empire Health Plan	0	0	0	3	1	0	0	0	2	0	0	0	0	6
	Molina Healthcare Partner	0	0	1	0	0	1	1	1	3	0	0	0	0	7
	COUNTY TOTAL	0	0	1	3	1	1	1	1	5	0	0	0	0	13
SAN DIEGO	Care1st Partner Plan, LLC	2	0	0	0	0	0	0	0	1	0	0	0	0	3
	Community Hlth Grp Partner	1	0	0	0	0	0	0	3	2	0	0	0	0	6
	Health Net Comm Solutions	0	0	0	0	0	0	1	0	3	0	0	0	0	4
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	3	0	0	0	0	0	1	3	7	0	0	0	0	14

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

7/25/2008 - 8/25/2008

EFFECTIVE 9/1/2008

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													
		A	B	C	D	E	F	G	M	P	U	V	W	Y	TOTAL
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	San Francisco Health Plan	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	1
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		6	1	13	24	9	3	3	13	82	0	0	0	0	154

REASON CODE

A = Neurological Disorder
B = Hematological Disorder
C = Cancer Therapy
D = Renal Dialysis
E = Major Organ Transplant
F = HIV / AIDS
G = Awaiting Surgery or Treatment
M = Other Complex Medical Condition
P = Pregnant
U = Waiver - AIDS
V = Waiver - Model
W = Waiver - IHMC
Y = Waiver - SNF

MSC-B-M29D DENTAL EXEMPTIONS SUMMARY

MAXIMUS

7/25/2008 - 8/25/2008

EFFECTIVE 9/1/2008

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS						
		Regular Dental	Indian	Temp Exempt - Foster Care	Temp Exempt - Long Term Care	Temp Exempt - Moved Out of County	Other Dental	TOTAL
LOS ANGELES	Access Dental Plan	0	0	0	0	0	0	0
	American Health Guard	0	0	0	0	0	0	0
	Care 1st Health Plan	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
	Health Net	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**
SACRAMENTO	Access Dental Plan	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	Western Dental Services	2	0	0	0	0	0	2
	COUNTY TOTAL	**2**	**0**	**0**	**0**	**0**	**0**	**2**
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	United Health Plan	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL		**2**	**0**	**0**	**0**	**0**	**0**	**2**